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CONFIRMATION NO. 5119

<b>SERIAL NUMBER</b> 10/777,542	<b>FILING OR 371(c) DATE</b> 02/12/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 141-446
<b>APPLICANTS</b> Unchalee Kositprapa, Davie, FL; Robert I. Goldfarb, Golden Beach, FL; John R. Cardinal, Tamarac, FL; Avinash Nangia, Weston, FL;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/664,803 09/19/2003 which claims benefit of 60/412,180 09/20/2002 and claims benefit of 60/412,181 09/20/2002				
<b>** FOREIGN APPLICATIONS *****</b> NONE				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 05/12/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 34
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 47888				
<b>TITLE</b> Novel pharmaceutical formulation containing a biguanide and a thiazolidinedione derivative				
<b>FILING FEE RECEIVED</b> 1022	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	